

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/171583

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
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6		/				
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48		/				
49		/				
50		/				
TOTAL IND.	2		2			
TOTAL DEP.	36		37			
TOTAL CLAIMS	38		39			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
55				/		
56				/		
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						